



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF NEW JERSEY RACING COMMISSION
PO Box 088
TRENTON, NJ 08625-0088

March 11, 2002

What must be completed on Application

License Application Form II

The following must be filled out on an entity license application:

- Nature of entity applying
- Social security or Tax number (not required)
- Full mailing address
- Phone number including area code
- Where and when 1st licensed
- “Yes” or “No” has registration been previously denied
- All corporate information must be filled out as well as a copy of corporate papers on initial New Jersey application if entity is a Corporation.
- Individual owner section for each owner
- Questions on back page of application

*******All Applications must be SIGNED*******



N.J.R.C. USE ONLY

LIC. NO. _____
YR LOC NUMBER

RCPT. NO. _____
YR LOC NUMBER

RCPT. DATE _____ OPER. _____

LICENSE FORM II
NEW JERSEY RACING COMMISSION
P.O. BOX 088
TRENTON, N.J. 08625-0088
609 984-1554

N.J.R.C. USE ONLY

LOC. _____ OPER. _____

DATE _____

RCPT NO. _____

CASH \$ _____

CHECK _____ \$ _____

MO _____ \$ _____

- () ORIGINAL () RENEWAL
 () HARNESS () THOROUGHBRED

Application for a License as: 17. () STABLE NAME \$50 18. () MULTIPLE OWNERSHIP \$50 19. () CORP. STABLE NAME \$50
 28. () PARTNERSHIP (Two Individuals Only) NO FEE

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

In making this application for license or to otherwise participate in racing in the State of New Jersey, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request, within a reasonable period of time, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Fair Credit Reporting Act Public Law No. 91-508

APPLICATION MUST BE TYPED OR PRINTED IN INK! ALL QUESTIONS MUST BE ANSWERED.

SSN/TIN/CSSN _____ *

(Social Security Number, Tax ID, Canadian)

Nature of Entity applying: 1. () Corporate 3. () Limited partnership 5. () Other _____
 2. () Partnership 4. () Syndicate

Entity Name _____

Horses are to be run in the name _____

Principal Address _____ Tel. # () _____
(Street) (City) (State) (Zip)

Where & When was your stable first registered? State _____ year _____
 Have you previously been denied a registration? () no () yes If so, give state _____ & year _____

FOLLOWING QUESTIONS MUST BE COMPLETED BY ALL CORPORATE APPLICANTS.

Corporate Name _____

Date and place of incorporation: _____ / _____ / _____ state _____

Stock description _____

Name of Bank conducting business _____

Bank Address _____ Tel. # () _____
(Street) (City) (State) (Zip)

A copy of the certificate of incorporation for any corporate applicant or ownership agreement for any multiple ownership applicant must be attached to the application.

Full disclosure must be made of all individuals required to be licensed in connection with this application by the rules / regulations of the New Jersey Racing Commission. In case of a corporate applicant, all corporate officers, members of the Board of Directors, managers and stockholders having a 5% or greater interest must be disclosed and licensed. For any simple Stable Name or multiple ownership, all owners and managers must be disclosed and licensed.

1. Name _____ Address _____
 License # _____ SSN/CSSN _____ D.O.B. _____ / _____ / _____ Title _____ % of Ownership _____

2. Name _____ Address _____
 License # _____ SSN/CSSN _____ D.O.B. _____ / _____ / _____ Title _____ % of Ownership _____

3. Name _____ Address _____
 License # _____ SSN/CSSN _____ D.O.B. _____ / _____ / _____ Title _____ % of Ownership _____

- 4. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 5. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 6. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 7. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 8. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 9. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 10. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 11. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 12. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 13. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 14. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 15. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 16. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 17. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

- 18. Name _____ Address _____
License # _____ SSN/CSSN _____ D.O.B. ____/____/____ Title _____ % of Ownership _____

Who is your trainer? _____

Have any persons disclosed in making this application ever been convicted for any crime? () no () yes
If so, give particulars _____

Have any persons disclosed in making this application ever been suspended, denied a license or ruled off by this or any other racing commission or turf governing body? () no () yes
If so, give particulars _____

List of horses to be raced in New Jersey by this stable:

Specify whether the horse was obtained through a lease (L) or purchase (P) in appropriate space. If leased you must state leaser's name and address where indicated and attach a copy of the lease agreement(s) with application. (Use additional page, if necessary)

HORSE'S NAME	NAME & ADDRESS OF LESSOR OF THE HORSE OR FROM WHOM PURCHASED	L/P
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ALL WINNINGS ARE TO BE CREDITED TO: _____ LICENSE NO. _____ SSN/CSSN/TIN: _____ *

IT IS RESPONSIBILITY OF THE APPLICANT TO AMEND SAID APPLICATION PROMPTLY WHEN CHANGES OCCUR IN OWNERSHIP. FAILURE TO DO SO MAY RESULT IN DISCIPLINARY ACTION.

NOTICE: THE RACING SECRETARY SHALL REFUSE ENTRY FOR ANY ENTITY REQUIRED TO BE LICENSED TO EITHER A CORPORATION OR MULTIPLE OWNERSHIP SITUATION WHEREIN APPLICATION FOR SUCH A STABLE NAME HAS NOT BEEN MADE PRIOR TO ENTRY.

APPLICATION MUST BE SIGNED

ANY PERSON MAKING ANY FALSE, UNTRUE OR MISLEADING STATEMENT ON AN APPLICATION FOR LICENSE OR REGISTRATION OR IN A WRITTEN OR ORAL EXAMINATION IN CONNECTION WITH SUCH AN APPLICATION MAY BE DISCIPLINED AS PROVIDED FOR IN THE RULES AND REGULATIONS OF THE NEW JERSEY RACING COMMISSION.

I hereby certify that I am not under suspension or in bad standing with any recognized turf body and that I have read the foregoing application and know the contents thereof, and that every statement contained herein is true and correctly set forth.

Steward's Recommendation:

Signature of person executing application

Date

THE ISSUANCE OF A LICENSE BY THE NEW JERSEY RACING COMMISSION DOES NOT NECESSARILY ENTITLE THE HOLDER TO ANY RIGHTS OR PRIVILEGES AT THE PREMISES OF ANY LICENSED TRACK.

***VOLUNTARY PROVISION OF SOCIAL SECURITY NUMBERS IS REQUESTED (NJAC 70-4.22 AND 71-7.37) AND WILL BE USED AS A SECONDARY IDENTIFIER FOR CREDIT, BACKGROUND AND OTHER SUCH INVESTIGATIONS.**